

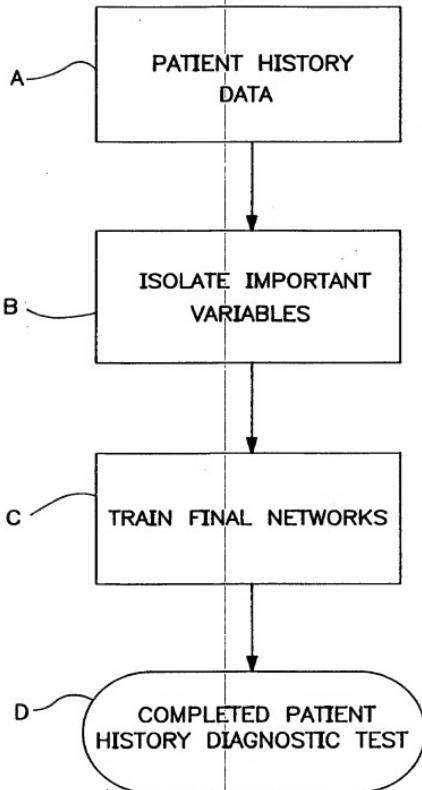
HELLER EHRLICH WHITE & MCMAULIFFE LLP

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Title: METHOD FOR SELECTING MEDICAL AND
BIOCHEMICAL DIAGNOSTIC TESTS USING NEURAL
NETWORK-RELATED APPLICATIONS

Decker No.: 24727-801 F. LaPointe, et al.

Filed: January 11, 2002



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FIG. I

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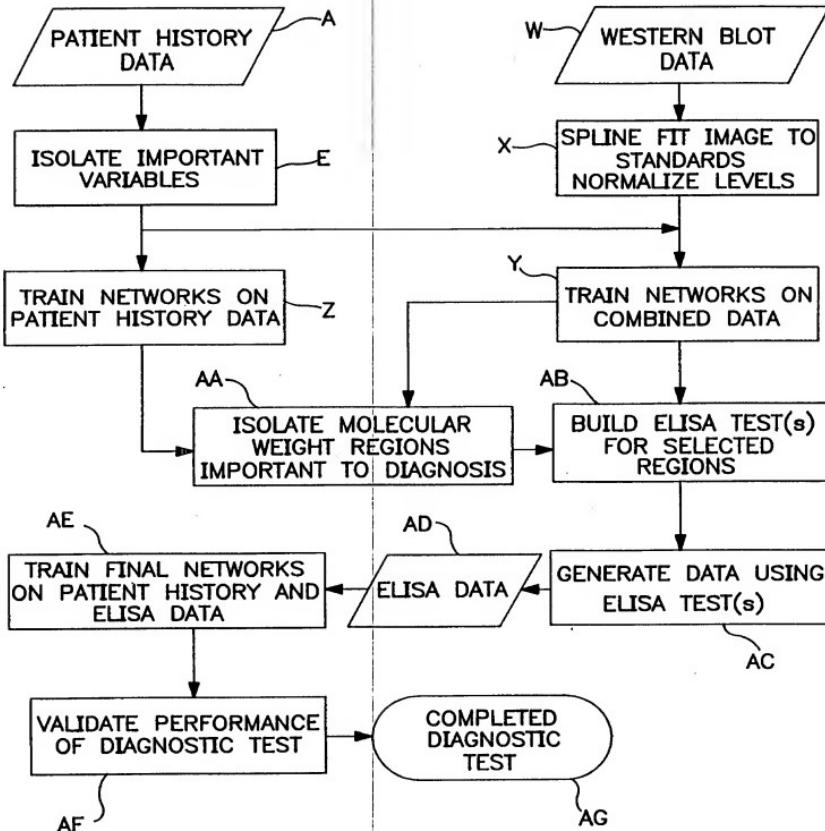
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FIG. 2

EDITED SCREENSHOT

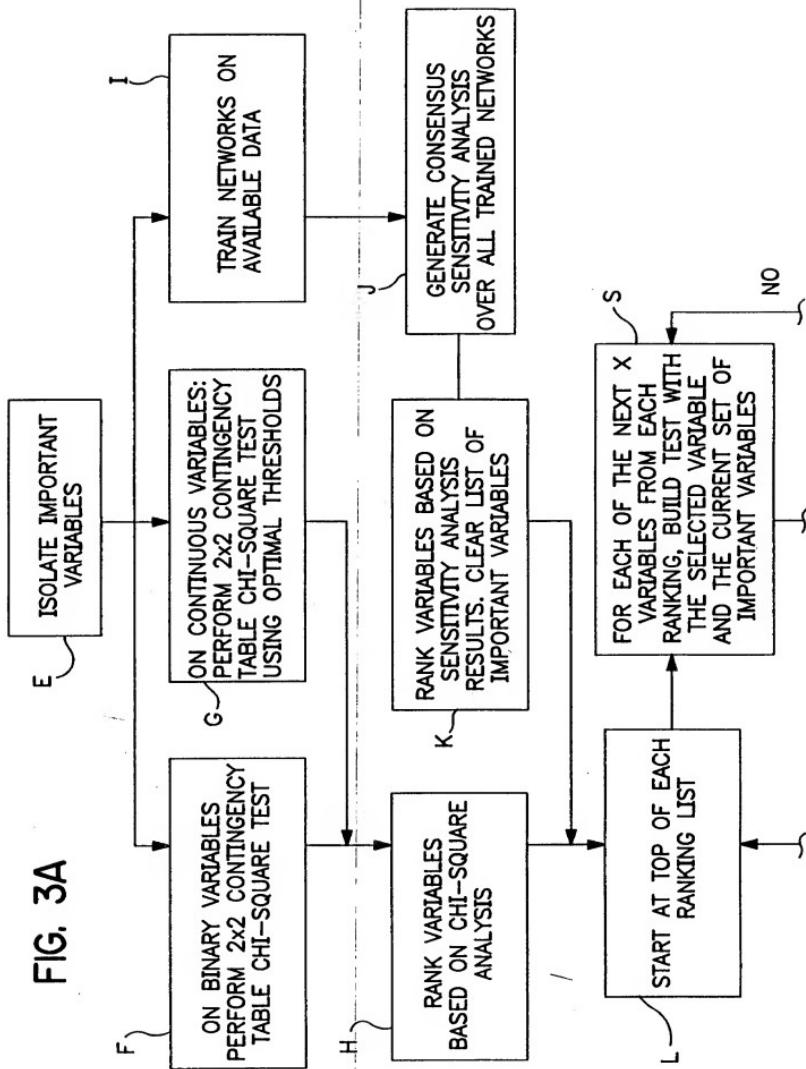


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FIG. 3A



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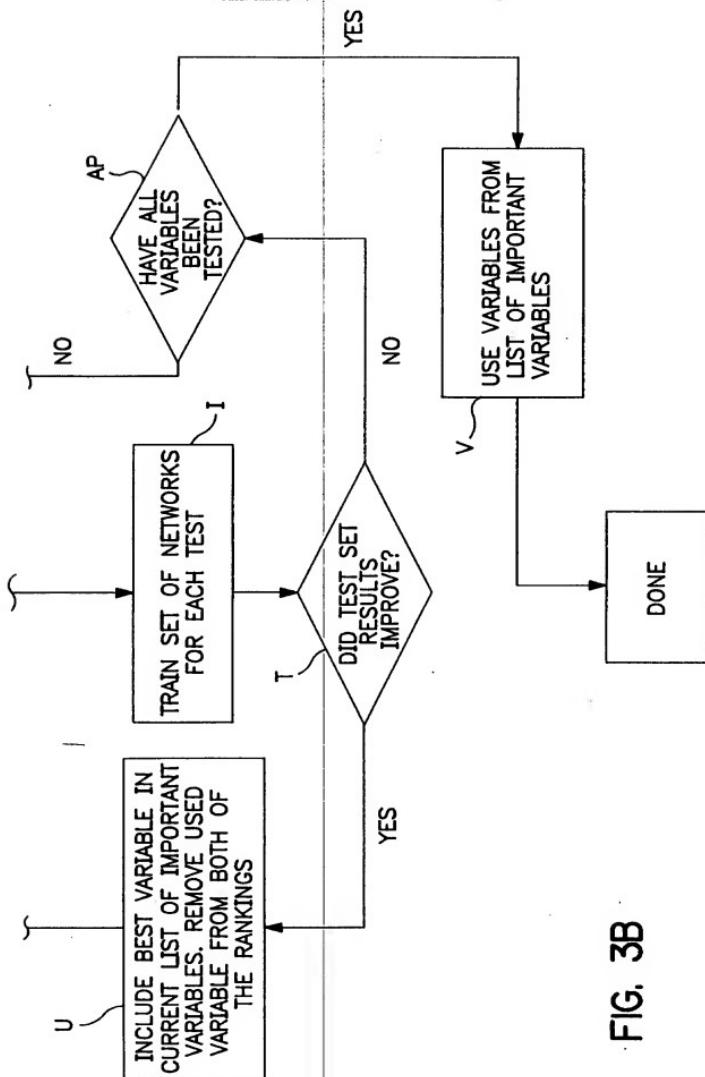


FIG. 3B

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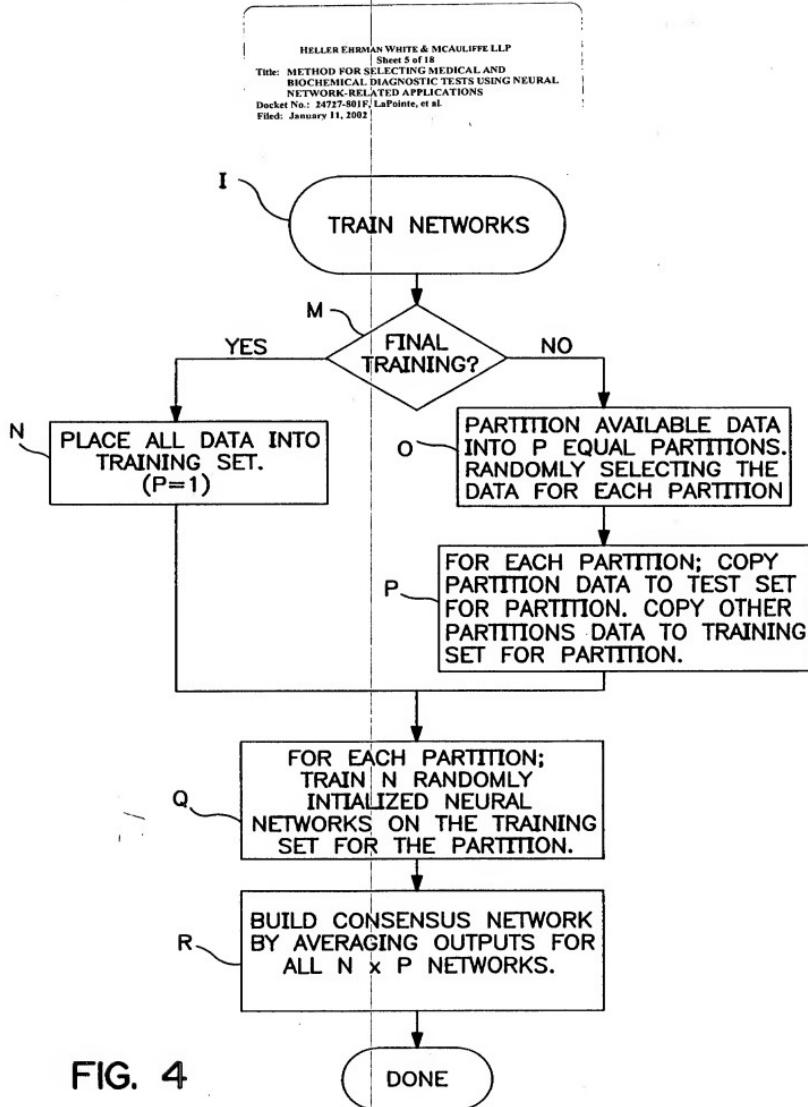


FIG. 4

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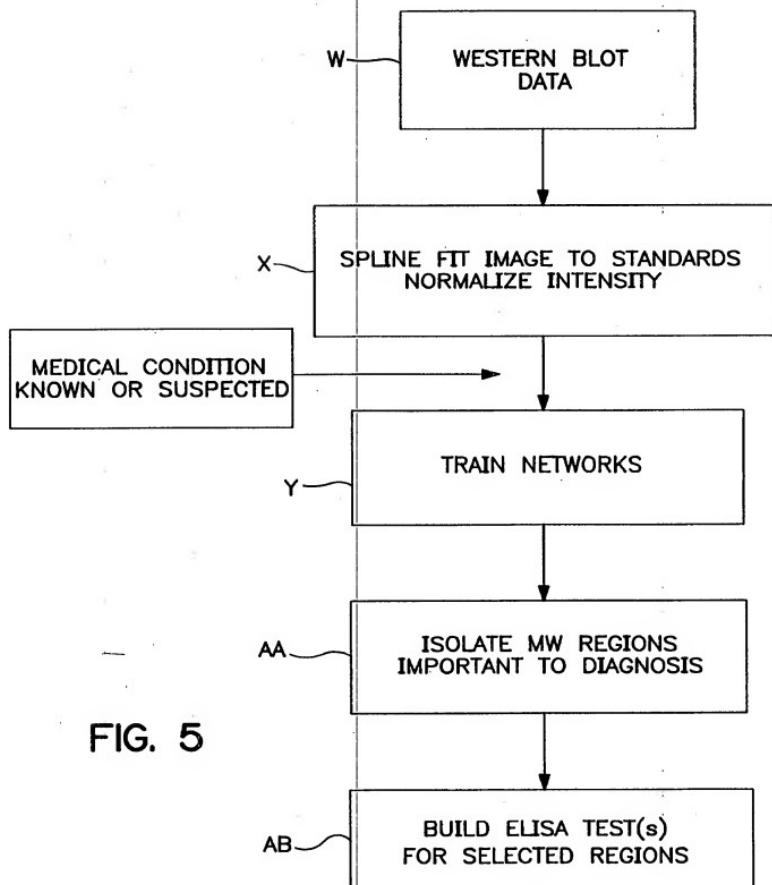


FIG. 5

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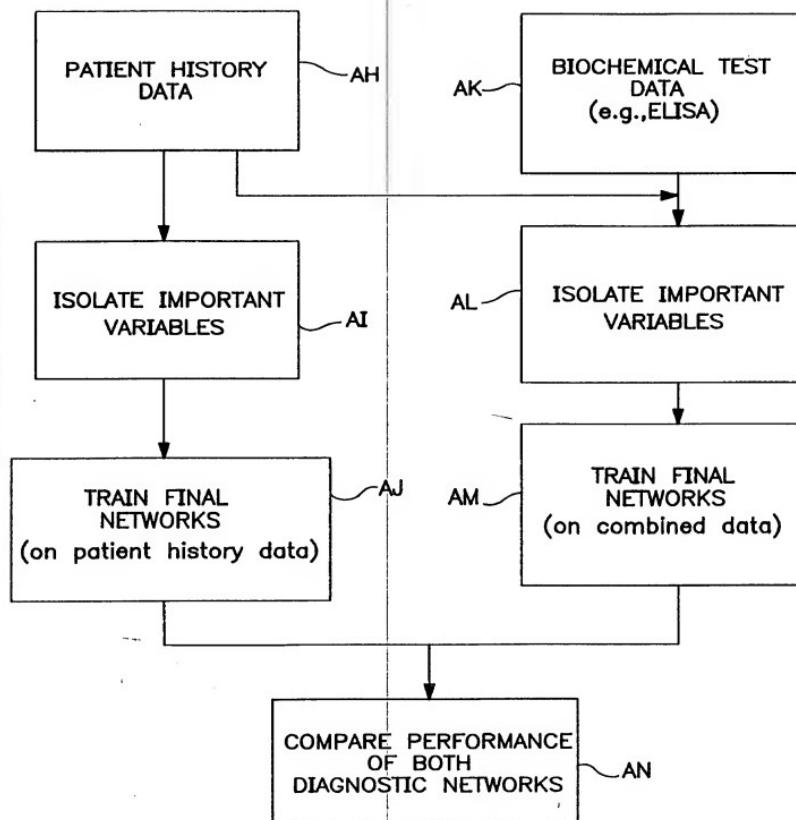


FIG. 6

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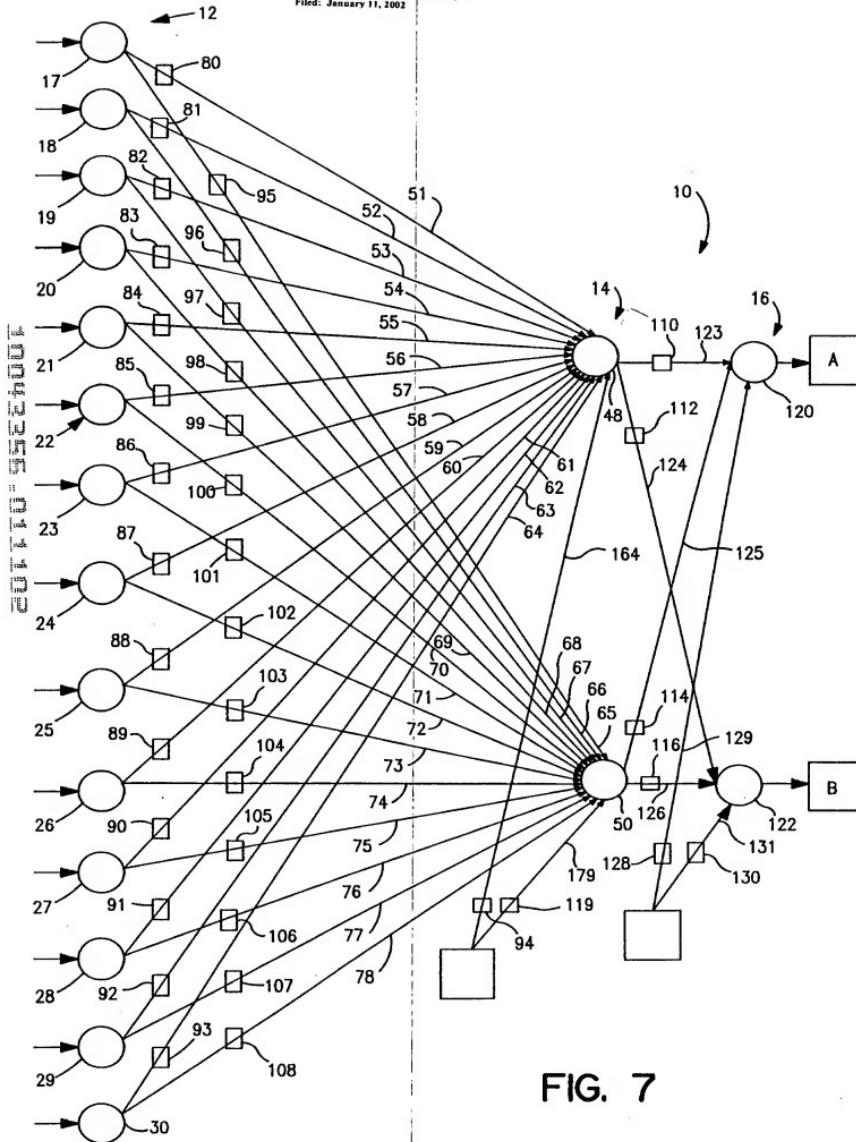


FIG. 7

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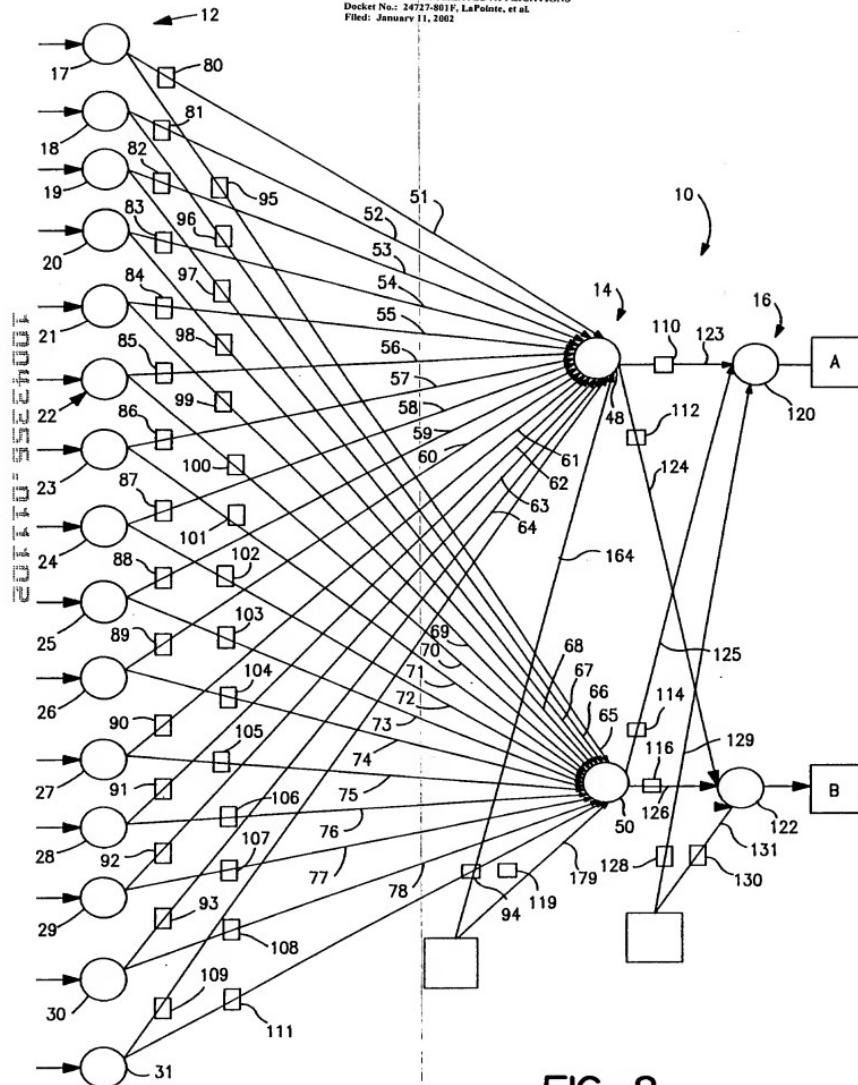


FIG. 8

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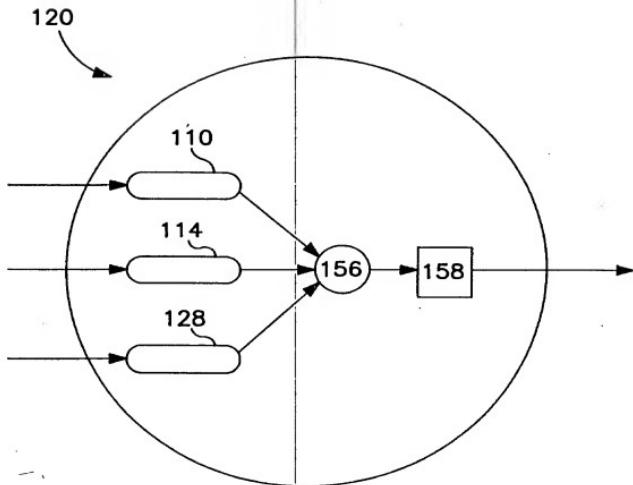


FIG. 9

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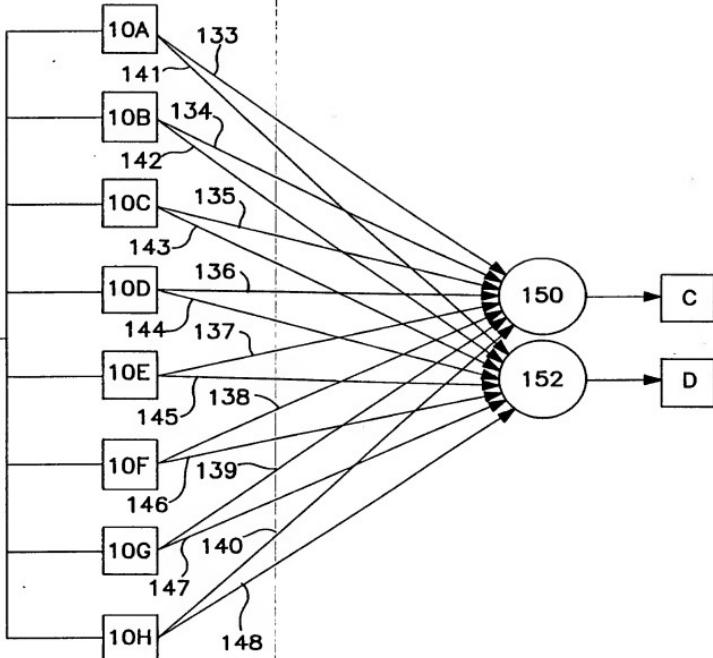


FIG. 10

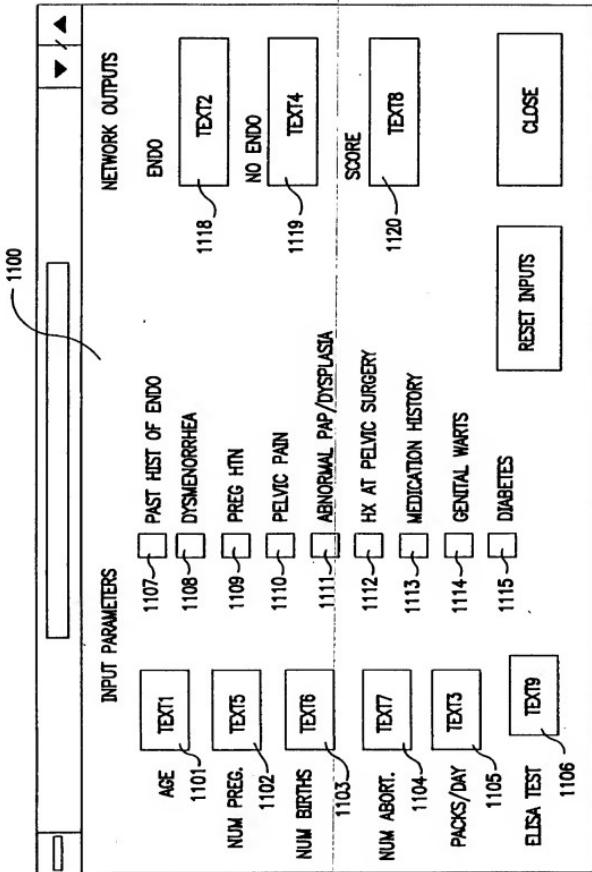
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FIG. II

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EDITED - SECTION 01

PTDmp Windows Application-PTDin

File Record Options View Help

□ □ □ □ □ □ ?

File: Current record: 1
Number of records: 0

Lab ID #
Patient Name:
Pre-term Delivery Risk <4.6wks:
Pre-term Delivery Risk <7 days:
Pre-term Delivery Risk <14 days:

Ready :

FIG. 12

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Pre-Term Delivery Risk Assessment Software: Data Entry Screen	
Lab ID # <input type="text"/>	
PATIENT INFORMATION	
Name(last) <input type="text"/> First <input type="text"/> M <input type="checkbox"/>	Ethnic origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other
DOB <input type="text"/> mm/dd/yy	Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Living with partner <input type="checkbox"/> Other
PATIENT HISTORY AND CLINICAL INFORMATION	
<p>At the time of sampling, was the patient experiencing signs and symptoms of possible preterm labor? If yes, please mark all that apply.</p> <p><input type="checkbox"/> Uterine contractions with or without pain Number/hr. <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> >12</p> <p><input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Trace <input type="checkbox"/> Med. <input type="checkbox"/> Gross</p> <p><input type="checkbox"/> Patient is not "feeling right"</p>	
<input type="checkbox"/> YES <input type="checkbox"/> NO	
<input type="checkbox"/> Bleeding during the second or third trimester <input type="checkbox"/> Intermittent lower abdominal pain, dull, lowback pain, pelvic pressure <input type="checkbox"/> Change in vaginal discharge—amount, color, or consistency <input type="checkbox"/> Menstrual-like cramping (with or without diarrhea)	
Gestational Age: EGA by first trimester sono <input type="text"/> ww.d EGA by LMP <input type="text"/> ww.d EGA at sampling <input type="text"/> ww.d	
<p>Previous Pregnancy: Please mark all that apply:</p> <p><input type="checkbox"/> Previous pregnancy: no complications <input type="checkbox"/> History of Preterm delivery If Yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> History of Preterm PROM <input type="checkbox"/> History of incompetent cervix <input type="checkbox"/> History of PIH/preclampsia <input type="checkbox"/> History of SAB prior to 20 wks.</p>	
<p>Current Pregnancy: G: <input type="text"/> P: <input type="text"/> A: <input type="text"/></p> <p><input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads <input type="checkbox"/> Uterine or cervical abnormality <input type="checkbox"/> Cerclage <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hypertensive Disorders</p>	
<p>Cervical Status immediately following sample collection: Dilatation(cm) <input type="checkbox"/> <1 <input type="checkbox"/> 1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3 <input type="checkbox"/> >3 Cervical consistency <input type="checkbox"/> Firm <input type="checkbox"/> Mod <input type="checkbox"/> Soft</p>	
<p>Medications at Time of Test (check all that apply)</p> <p><input type="checkbox"/> Antibiotics <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Tocolytics <input type="checkbox"/> Insulin <input type="checkbox"/> Antihypertensives <input type="checkbox"/> None <input type="checkbox"/> Unknown</p>	
Qualitative fFN Elisa Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative	
<input type="button" value="Calculate risk"/> <input type="button" value="Cancel"/>	

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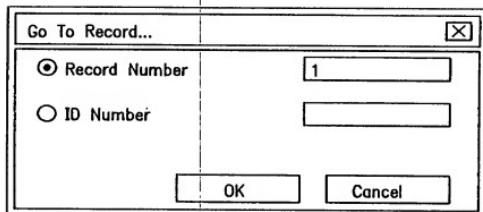


FIG. 14

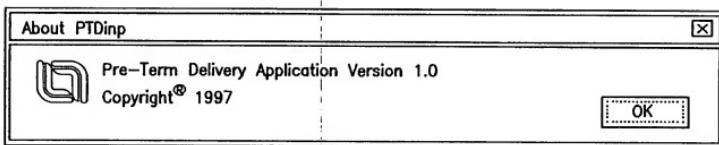


FIG. 15

Pre-Term Delivery Risk Assessment Software:
 Test Report Form

Lab ID #	
Patient Name:	
Pre-term Delivery Risk <34.6wks:	0.288432
Pre-term delivery Risk <7 days:	0.001721
Pre-term Delivery Risk <14 days:	0.001544

FIG. 16A

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ENVIRONMENTAL DIAGNOSTIC TESTS USING NEURAL
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Pre-Term Delivery Risk Assessment Software: Data Entry Screen				Lab ID #
PATIENT INFORMATION				
Name(last) DOB mm/dd/yy	First	M	Ethnic origin: <input type="checkbox"/> Caucasian <input type="checkbox"/> African American <input type="checkbox"/> Asian <input type="checkbox"/> Hispanic <input type="checkbox"/> Native American <input type="checkbox"/> Other Marital status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced/Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Living with partner <input type="checkbox"/> Other	
PATIENT HISTORY AND CLINICAL INFORMATION				
At the time of sampling, was the patient experiencing signs and symptoms of possible preterm labor? <input type="checkbox"/> YES <input type="checkbox"/> NO				
If yes, please mark all that apply.				
<input type="checkbox"/> Uterine contractions with or without pain Number/hr. <input type="checkbox"/> <1 <input type="checkbox"/> 1-3 <input type="checkbox"/> 4-6 <input type="checkbox"/> 7-9 <input type="checkbox"/> 10-12 <input type="checkbox"/> >12 <input type="checkbox"/> Bleeding during the second or third trimester <input type="checkbox"/> Intermittent lower abdominal pain, dull, low back pain, pelvic pressure <input type="checkbox"/> Vaginal bleeding <input type="checkbox"/> Trace <input type="checkbox"/> Med. <input type="checkbox"/> Gross <input type="checkbox"/> Change in vaginal discharge—amount, color, or consistency <input type="checkbox"/> Patient is not feeling right <input type="checkbox"/> Menstrual-like cramping (with or without diarrhea)				
Gestational Age: EGA by first trimester sono, w.w.d EGA by LMP w.w.d EGA at sampling w.w.d				
Previous Pregnancy: Please mark all that apply.		Current Pregnancy: G: P: A:		
<input type="checkbox"/> Previous pregnancy: no complications <input type="checkbox"/> History of Preterm delivery If Yes, how many? <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> >2 <input type="checkbox"/> History of Preterm PROM <input type="checkbox"/> History of incompetent cervix <input type="checkbox"/> History of PIH/pre-eclampsia <input type="checkbox"/> History of SAB prior to 20 wks.		<input type="checkbox"/> Multiple Gestation <input type="checkbox"/> Twins <input type="checkbox"/> Triplets <input type="checkbox"/> Quads <input type="checkbox"/> Uterine or cervical abnormality <input type="checkbox"/> Cervical Cerclage <input type="checkbox"/> Gestational Diabetes <input type="checkbox"/> Hypertensive Disorders		
Cervical status immediately following sample collection: Dilatation(cm) <input type="checkbox"/> <1 <input type="checkbox"/> 1-2 <input type="checkbox"/> 2-3 <input type="checkbox"/> 3->3 Unknown Cervical consistency <input type="checkbox"/> Firm <input type="checkbox"/> Mod <input type="checkbox"/> Soft				
Medications at Time of Test (check all that apply) <input type="checkbox"/> Antibiotics <input type="checkbox"/> Corticosteroids <input type="checkbox"/> Tocolytics <input type="checkbox"/> Insulin <input type="checkbox"/> Antihypertensives <input type="checkbox"/> None <input type="checkbox"/> Unknown				
Qualitative fFN Elisa Test Results: <input type="checkbox"/> Positive <input type="checkbox"/> Negative				
Pre-term Delivery Risk <34.6wks:		0.288432		
Pre-term Delivery Risk <7 days:		0.001721		
Pre-term Delivery Risk <14 days:		0.001544		

FIG. 16B

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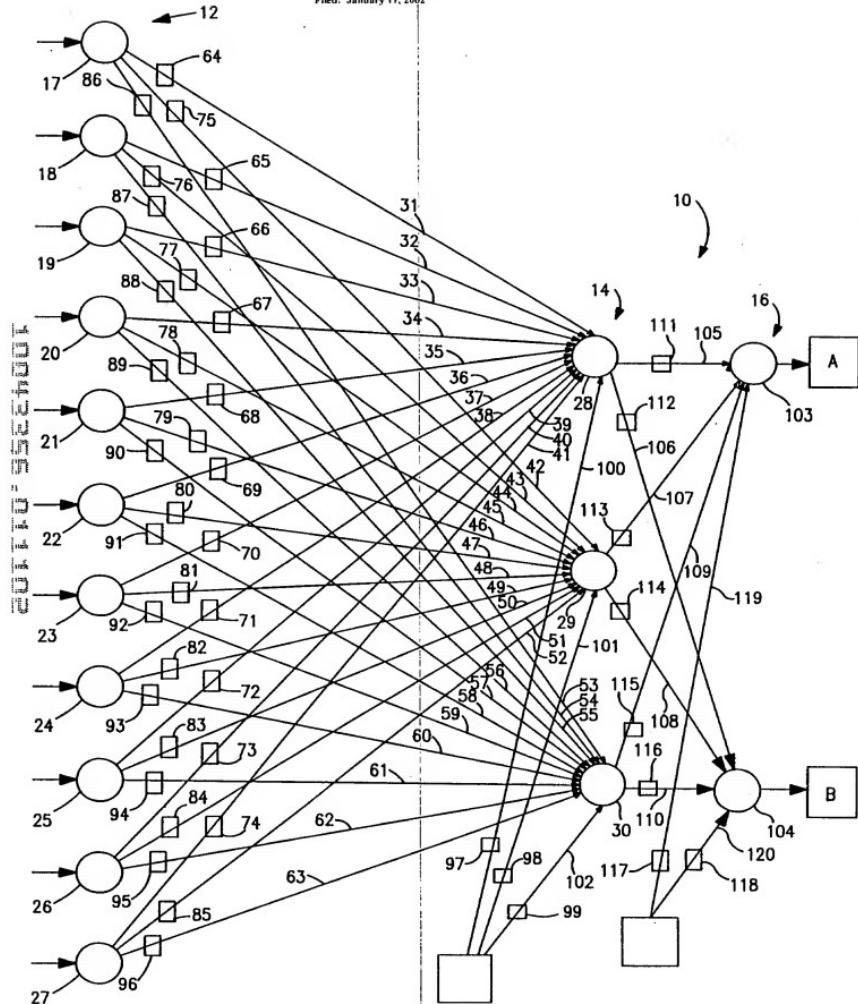


FIG. 17

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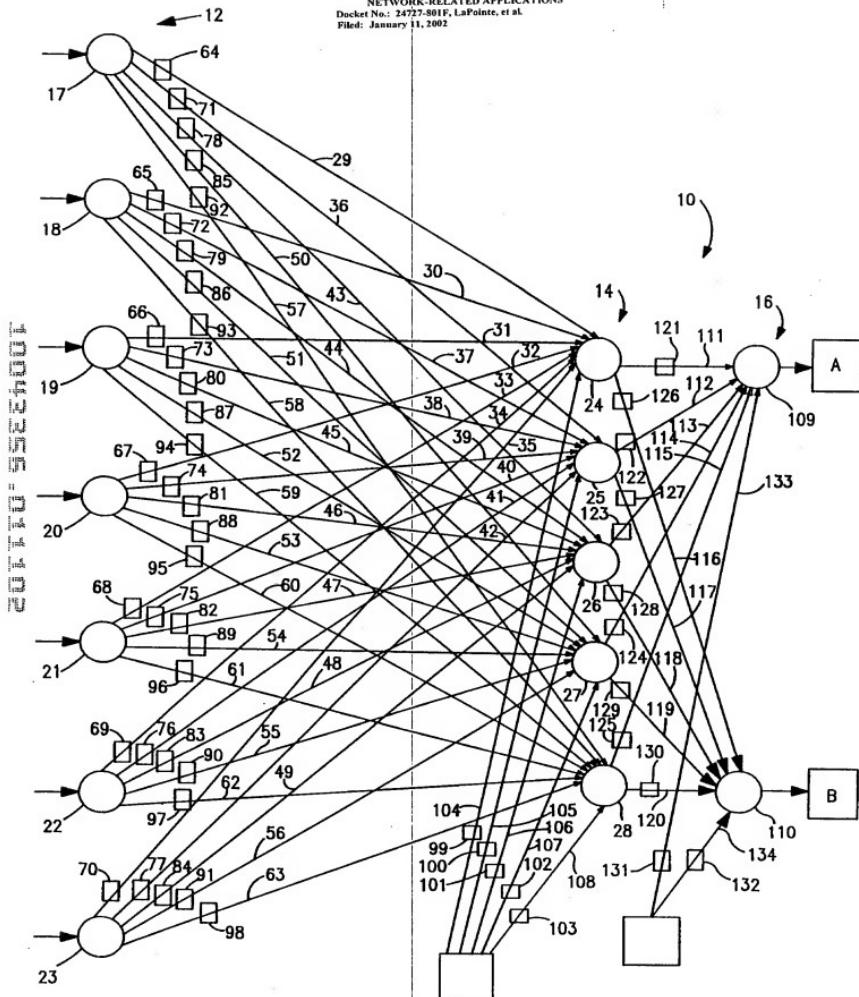


FIG. 18

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